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## ABSTRACT

Curriculum content for adolescents with behavioral disorders should emphasize academic learning as well as social and behavioral skill development. "Therapeutic academics" is proposed as a process of teaching academics that is therapeutic in its systematic focus on the behavioral and social needs of students. A therapeutic academic curriculum should first focus on and reinforce improvements in academic performance; in this way both academics and conduct improve. Social skills training should have a priority equal to academic instruction. A "Therapeutic Academic Curriculum Evaluation" checklist is presented to assist teachers in planning daily therapeutic activities in conjunction with academic learning. The checklist monitors 10 curriculum components: motivation to learn; relevancy; reasonable guarantee of successful content mastery; opportunity to develop positive self-concept; opportunity to take personal responsibility for the learning task; opportunity to develop organizational and study skills; opportunity to develop skill in self-instruction, self-evaluation, and self-reinforcement; opportunity for involvement and investment in group processes; opportunity to develop communication and social skills; and opportunity to develop self-control of observable behaviors. (JDD)

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"Therapeutic Academics for Behaviorally Disordered Adolescents:  
Content Selection and Instructional Guidelines"

General Area: Creative Teaching Techniques -  
Behavioral Disorders

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## Therapeutic Academics for Behaviorally Disordered Adolescents

Teachers of students with behavioral disorders are sitting "on the horns of a dilemma." They must determine how the available learning time will be allocated in resource rooms and self-contained classrooms. Should the emphasis be on academics? On behavior adjustment? On social skills development? And where do academic survival skills, affective and positive self-concept development fit into the scheme of the curriculum for adolescents with behavioral disorders?

According to Morgan and Jenson in their excellent text, Teaching Behaviorally Disordered Students, resource teachers often concentrate on improving only the academic skills of BD students. In a similar vein, teachers in self-contained BD classrooms may emphasize improving social skills and classroom behaviors, but ignore academic deficiencies. Of course, neither of the two approaches is sufficient for addressing the skills students must have for successful reintegration into regular classroom programs. (Morgan and Jenson, 1988, pp. 163-66.) They further state that "resource programs that emphasize behavioral and social skills and ignore academics, or programs that emphasize academic skills and ignore social skills and classroom behaviors are not at all adequate." (Ibid, p. 338.)

This past year I conducted a pilot study survey of curriculum and instructional approaches in secondary BD classrooms in twelve school districts in southwest Virginia.

(Graham, 1988.) My tentative findings supported the academic emphasis, discussed by Morgan and Jenson, as it related to resource rooms. However, I found that students in the self-contained classrooms (N = 5) in the study also spend from 51% to 75% of their time in academic learning. Based on this very limited evidence, and supported by some of the contentions of Morgan and Jenson, one might tentatively conclude that behaviorally disordered adolescents in special education classrooms, both resource and self-contained, spend the major part of their class time in academic learning.

Now, these students, with whom we are concerned have been classified and placed in special education programs because of their documented behavior problems - conduct disorders, aggression, withdrawal and other deficits in personal and social skills.. Yet, from my observation, in many cases their IEP goals and objectives are written only for academic subjects, and these become the focus of instruction. If the overall goal for these students is to prepare them to cope effectively in mainstream classes and in society, then teachers certainly must address the behaviors which have caused the students to be labeled behaviorally disordered (actually, SED).

Regular state adopted textbooks are the "texts of choice" for academic courses in secondary ED/BD classrooms (Ibid). A search of commercial publications found no academic materials designed specifically to address the therapeutic goals appropriate for this population. These goals include the development of academic survival skills, behavioral, social, and

communication skills as well as the academic knowledge necessary for successful re-entry into mainstream classrooms and appropriate participation within the community.

Teachers generally allocate a small portion of class time to group activities designed to promote behavioral, personal and social development; a variety of behavior management systems are widely used (Ibid). However, few guidelines are available for the planned incorporation of activities to reach the therapeutic goals within the time spent on academic learning.

I am sure that you are wondering how I define the term "therapeutic academics." Therapeutics is concerned with the remedial treatment and/or healing of disease or disability. Originally from the field of medicine, therapeutics or therapy are terms now widely used by psychologists and educators to describe the services they provide. I consider BD teachers to be behavioral therapists. We use all the personal, educational and psychological tools at our disposal in order to bring about positive, wholesome changes in our students. Therapeutic academics could be considered to be a remedial or healing approach enhanced through academic learning experiences.

I am not proposing that we teach academic content different from that found in local and state curriculum guides, and in regular state-adopted textbooks. What I am proposing is that the process of teaching academics be therapeutic in that it systematically addresses the behavioral and social needs of BD students.

So, how does a BD teacher begin to plan and organize a therapeutic academic curriculum? Morgan and Jenson suggest that teachers should first focus on and reinforce improvements in academic performance. Their research indicated that when academic skills are reinforced, both academics and conduct improve. However, when a teacher's major focus and reinforcement is directed toward work-related behaviors, classroom conduct improves but academic performance does not necessarily improve in the process. (Morgan and Jenson, p. 233) The research cited is highly compelling, and I do support the idea that academic learning should be the initial organizing feature of a therapeutic academic curriculum. Yet, intuitively and from experience, BD teachers know that students cannot learn academic information and be reinforced for this learning until they are quiet, seated, and attending to instruction. This "reality" demands that a highly structured management system of positive and negative consequences be in place.

Morgan and Jenson add another dimension to their concept of a total curriculum for behaviorally disordered students. They maintain that social skills training should have a priority equal to academic instruction (Ibid., p. 270) Again, I agree. The question is: how does a BD teacher organize daily classroom activities to ensure that social skills training receives equal treatment?

The "Therapeutic Academic Curriculum Evaluation" checklist which follows is designed to assist BD teachers in planning daily therapeutic activities in conjunction with academic learning.

The checklist is based on the following assumptions:

- 1) a strong academic program is the central focus of curriculum planning;
- 2) a powerful behavior management system is in place;
- 3) time is allocated for the direct teaching of social skills; social skills related to cooperative learning are then practiced during the academic learning time.

The checklist can serve as a guide to planning an academic curriculum which incorporates the therapeutic elements necessary for the development of the major skills needed by behaviorally disordered students for success in the regular classroom.

**THERAPEUTIC ACADEMIC CURRICULUM EVALUATION**  
**Planning and Evaluation Checklist for ED/BA Teachers**

**DO THE INSTRUCTIONAL MATERIALS AND TEACHING STRATEGIES FOR THE CONTENT BEING PLANNED INCLUDE THE FOLLOWING ELEMENTS TO ENHANCE LEARNING?**

|                                                                                             | (Check ✓)  |          |             |          |
|---------------------------------------------------------------------------------------------|------------|----------|-------------|----------|
|                                                                                             | Not at all | Somewhat | Extensively | Comments |
| 1. Motivation to learn                                                                      |            |          |             |          |
| 2. Relevancy                                                                                |            |          |             |          |
| 3. Reasonable guarantee of successful content mastery                                       |            |          |             |          |
| 4. Opportunity to develop positive self-concept                                             |            |          |             |          |
| 5. Opportunity to take personal responsibility for the learning task                        |            |          |             |          |
| 6. Opportunity to develop organizational and study skills                                   |            |          |             |          |
| 7. Opportunity to develop skill in self-instruction, self-evaluation and self-reinforcement |            |          |             |          |
| 8. Opportunity for involvement and investment in group processes                            |            |          |             |          |
| 9. Opportunity to develop communication and social skills                                   |            |          |             |          |
| 10. Opportunity to develop self-control of observable behaviors                             |            |          |             |          |

**EACH ACADEMIC TEACHING UNIT SHOULD INCORPORATE ALL OF THE ELEMENTS EIGHTY PER CENT OF THE TIME.**

M. Graham  
3/89

## THERAPEUTIC ACADEMIC CURRICULUM EVALUATION

## Explanation of Checklist Elements

1. Motivation to learn. Materials are interesting, age/ability appropriate; students prefer textbooks used in regular classes. Share curriculum goals and objectives with students. Hold student-teacher planning sessions. Provide a variety of structured daily activities. Give students choices. The teacher needs to have a high sense of humor and be "in tune" with the students. Token economies also are effective motivators.
2. Relevancy. Relate new learning to information student already knows. Provide materials, assignments and activities that can be connected with real-life tasks, problems and solutions. Explain how the information and skills can be useful now, in other courses, and in the future.
3. Reasonable guarantee of successful content mastery. Provide enthusiastic direct teaching. Use many clarifying examples, illustrations and demonstrations. Provide many opportunities to respond, orally and in writing, individual and group responses. Provide graphic organizers; modify assignments and test formats; give written vocabulary and comprehension question aids. Grade for effort as well as for completion and accuracy.

4. Positive self-concept development. Provide success in academic skills that will generalize to other situations. Give manageable short assignments and tasks and evaluate regularly. Chart learner progress and reinforce for effort and achievement.
5. Development of personal responsibility for the learning task. Hold planning conferences with students to prepare a long term and short term 'action plan'. Base the plan on the students' interests as much as possible. Provide clear descriptions of learning tasks, graphic organizers, outlines. Set up a system of varied daily activities. Teach students to self-monitor their on-task learning time.
6. Development of organization and study skills. If necessary, reteach any skills needed to complete tasks: use of index and glossary, finding answers in text content (usually sequential), making outlines, skimming to locate main ideas, interpreting illustrations and pictures, making outlines, organizing notebooks.
7. Opportunities for self-instruction, self-evaluation and self-reinforcement. This relatively new self-management approach involves teaching individual and group problem-solving skills. Many of the suggestions in #5 and #6, above, apply. Several available programs include: Think Aloud, (Research Press). PACE Coping Skills Program (Contact Chesterfield County, VA.,

Public Schools or Special Education Services, VA Department of Education.). Learning Strategies Curriculum - teaches students how to learn; can be correlated with science and social studies content; (Write to J.B. Schumaker, University of Kansas, Lawrence, Kansas).

8. Opportunities for involvement/investment in group processes. Use group instruction when possible. Encourage buddy system for gathering and sharing information; peer tutoring; group activities for planning and carrying-out projects. Hold weekly 'game show' contests to reinforce learning. Use frequent game board activities. Teach students how to correct and edit each other's work.
9. Development of communication/social skills. Related to #8. Identify cooperative learning objectives and strategies. Emphasize effective listening and appropriate responding, interacting, assisting, supporting the efforts of others, sharing, group planning.
10. Development of self-control of observable behaviors. Focus on academic performance; reinforce socially and with point systems. Later, if necessary, address conduct problems. Research indicates that when academic skills are reinforced, both academics and conduct tend to improve, but not vice versa.

### Summary

The curriculum content to be learned by adolescents with behavioral disorders is not an either/or proposition. The content must include an emphasis on academic learning as well as on social and behavioral skill development. Social and behavioral skill training cannot occur in a vacuum, i.e., only in separate, discrete time slots, but must be integrated, practiced, and reinforced within the academic learning time. The planning and evaluation checklist was designed to remind teachers to incorporate therapeutic behavioral and social skill development into the academic curriculum for behaviorally disordered adolescents.

### References

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